U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -			2. Fiscal Year Covered From:				
		ta and the	7/1/	04 Through:	6 / 30	/ 05	
3. Name and address of person filing.		Name, file number, and address of labor organization.					
Name JOHN	MILLER	Name	Name LOCAL 67 IRON WORKERS				
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		Labor Organization File Purifical					
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any					
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5. Position in labor organization.	BOARD						
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Enter appropriate data below If, durin	g the past riscal year, you or your spo (except as specified in the excl				t the following in	terests	
A. Held an interest in, engaged in trar	nsactions (including loans) with, or	derived inc	ome or other eco	nomic benefit of			
monetary value from an employer w				····	esent.		
Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.				
Name	antaran erena e	P.Original Property of the Control o				San distance of the san di	
Trade Name, if any:	EARTH HAT BENEFIT STOCKHOLICH STOCK STOCKHOLICH STOCKHOLICH STOCKHOLICH BERGER (IN ARTHUR IN STOCKHOLICH STOCKHOLI	The state of the s				of the state of th	
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15. Signature and verification. The unsubmitted in this report (including the in undersigned's knowledge and belief, to	Signatersigned declares, under penalty of formation contained in any accompan	Perjury and	nts) has been exam	rined by the signs	that all of the infitory and is, to the	ormation best of the	
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Name of Person Filing	File Number U-	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	— O —				
	12.b. Amount.	_0-				
C. Received from any employer (other than an employer covered under	er parts A and B above)					
or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	17.a. Nature of payment.					
Name		POSTABLE POS				
Trade Name, if any:		Authorizon				
P.O. Box, Bldg., Room No., if any Street						
City		nt and any constraint				
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					